



STATE SUPPLEMENTAL RURAL DEVELOPMENT FINANCING PROGRAM

APPLICATION – Part I							
Applicant							
Name							
Street Address		P.O. Box		City		Zip Code	
Name of Applicant's Contact Person				Title			
Street Address		P.O. Box		City		Zip Code	
Telephone Number Fax Nun		nber		E-Mail Address			
Developer							
Name							
Street Address		P.O. Box		City		Zip Code	
Name of Developer's Contact Person				Title			
Street Address		P.O. Box		City		Zip Code	
Telephone Number	Fax Nur		E-Mail Address				
Development Project (If	more than	n one project	attach s	epara	te pages)		
Name of Project			,	Proposed Baseline Year			
General Description of the Project							
Date Development Plan Adopted			County in Which Project Located				
Has the County, by resolution, excluded any portion of a county-wide sales tax from being included in local increment for this Project? If yes, provide a copy of the resolution.							
Type of state revenues soug							
☐ State Sales Tax Increm	ent [State Incom	ne Tax Ind	creme	nt □Both		

STATE SUPPLEMENTAL RURAL DEVELOPMENT FINANCING PROGRAM APPLICATION – Part I (Continued)

Attestation

I certify that I am authorized to submit this Application on behalf of the App information in this Application (Part I and Part II attachments) is, to the bes Applicant understands and agrees to timely supplement this Application in	t of my knowledge, true and complete.
Signature	
Name (Printed or Typed)	
Title	Date

An original plus four (4) copies of the Application and all supporting documentation should be submitted to:

Missouri Agricultural and Small Business Development Authority

1616 Missouri Blvd.

P.O. Box 630 Jefferson City, MO 65102

Additionally, three (3) copies of the Application and all supporting documentation should be submitted to:

Missouri Department of Economic Development
Division Of Community Development
MORESA Program
301 West High St., Rm. 770
P.O. Box 118
Jefferson City, MO 65102